



TPW 8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

Reimers

Application Number: 10/536,758

Filed: October 6, 2005

For: METHOD AND DEVICE FOR ACTIVATION OF  
A DETONATOR

ATTORNEY DOCKET No. ACAP.0009

)  
Art Unit 3641

)  
Examiner:  
Chambers, Troy

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

| FOR  | TOTAL WITH<br>NEW<br>CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY<br>PAID | RATE    | CALCULATION |
|--|--------------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims   | 18                                   | 17                            | (Over 20)                 | x \$50  | 0           |
| Independent<br>Claims  | 3                                    | 4                             | 1<br>(Over 3)             | x \$210 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)  |                                      |                               |                           | + \$370 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9,<br>1.27, 1.28).<br>IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED |                                      |                               |                           | x 1/2   |             |
|  |                                      |                               | TOTAL                     |         | 0           |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- Response to Office Action  
(with Claim Amendments)  
 Preliminary Amendment  
 Substitute Specification  
 Other \_\_\_\_\_

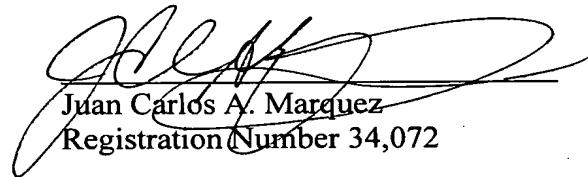
- Petition for 3-month Extension of Time  
 Information Disclosure Statement with  
PTO Form 1449 and references  
 \_\_\_\_\_ sheet of drawings  
 Request for Continued Examination

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- Check in the amount of **\$525.00** to cover the 3-month Extension of Time fee and **180.00** for the IDS fee are enclosed.
- The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

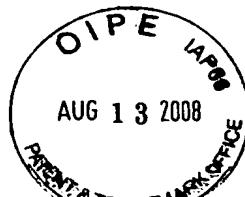
---

Stanley P. Fisher  
Registration Number 24,344



Juan Carlos A. Marquez  
Registration Number 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive, Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**August 13, 2008**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application of**

**Reimers**

**Application Number: 10/536,758**

**Filed: October 6, 2005**

**For: METHOD AND DEVICE FOR ACTIVATION OF  
A DETONATOR**

**ATTORNEY DOCKET NO. ACAP.0009**

**Art Unit 3641**

**Examiner:  
Chambers, Troy**

**Commissioner of Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

The fee for submission of claims is calculated as shown below:

| FOR  | TOTAL WITH<br>NEW<br>CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY<br>PAID | RATE    | CALCULATION |
|--|--------------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims   | 18                                   | 17                            | (Over 20)                 | x \$50  | 0           |
| Independent<br>Claims  | 3                                    | 4                             | 1<br>(Over 3)             | x \$210 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)  |                                      |                               |                           | + \$370 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9,<br>1.27, 1.28).<br>IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED |                                      |                               |                           | x ½     |             |
|  |                                      |                               | TOTAL                     |         | 0           |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

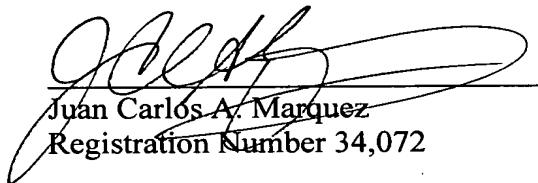
- Response to Office Action  
(with Claim Amendments)  
 Preliminary Amendment  
 Substitute Specification  
 Other \_\_\_\_\_

- Petition for 3-month Extension of Time  
 Information Disclosure Statement with  
PTO Form 1449 and references  
 \_\_\_\_\_ sheet of drawings  
 Request for Continued Examination

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- Check in the amount of **\$525.00** to cover the 3-month Extension of Time fee and **180.00** for the IDS fee are enclosed.
- The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher  
Registration Number 24,344

  
Juan Carlos A. Marquez  
Registration Number 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive, Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**August 13, 2008**